

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/05/2018
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT C			STREET ADDRESS, CITY, STATE, ZIP CODE RYAN ROAD BUCKLEY, WA 98321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS This report is a result of complaint # 3460875 at Rainier School PAT C from 11/21/17-03/05/18. Failed provider practice was identified and an Immediate Jeopardy level citation was written for W122, Condition of Participation for Client Protections. Additional citations at W149 and W320 were written. This SOD was amended 03/15/2018 to reflect the corrected survey completion date. The survey was conducted by: Patrice Perry The survey team is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, ICF/IID Survey and Certification Program PO Box 45600, MS: 45600 Olympia, WA 98504 Telephone: (360) 725-3215	W 000			
W 122	CLIENT PROTECTIONS CFR(s): 483.420 The facility must ensure that specific client protections requirements are met. This CONDITION is not met as evidenced by: Based on record review and interview, the facility failed to have a system in place to ensure appropriate follow-up medical care occurred for	W 122			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 122	Continued From page 1 Clients returning from community medical providers. One of one Sample Clients (Client #1) was placed at risk when medical recommendations from the community medical provider were not followed but a substitute medical care plan which addressed all of her medical needs was not put in place by the facility. This failure placed Client #1 at risk for not having appropriate post-operative care, put her at risk of harm and may have potentially contributed to her death. Findings included: Record review and interview showed that the facility failed to provide services to prevent harm when a medical care plan which outlined the appropriate care and services was not developed for one of one Sample Clients (Client #1) following surgery. See W149 for details. Record review and interview showed that the facility failed to ensure an appropriate medical care plan was developed after surgery for one of one Sample Clients (Client #1). See W320 for details.	W 122			
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide services to prevent harm when a medical care plan that described the appropriate	W 149			

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W 149	<p>Continued From page 2</p> <p>care and services was not developed following surgery for one of one Sample Clients (Client #1). This failure placed Client #1 at risk for harm and may have potentially contributed to her death.</p> <p>Findings included:</p> <p>Review of Client #1's file showed she returned to the facility on [REDACTED]/17 following an elective day surgery for [REDACTED].</p> <p>Review of Client #1's death certificate showed that the cause of death was [REDACTED], a [REDACTED] in the [REDACTED], on [REDACTED]/17.</p> <p>Record review of pre-surgical instructions for Client #1 showed: instructions to call the doctor immediately for shortness of breath; a definition of [REDACTED]; causes and risk factors [of [REDACTED]]; symptoms [of [REDACTED]]; treatment [of [REDACTED]]; ways to reduce risks and what to do if the patient had symptoms of a [REDACTED]. The packet of pre-surgical instructions was signed as "reviewed" by Staff A, Physician, on 10/12/17, three weeks prior to the surgery. The facility did not incorporate these instructions into a comprehensive plan of care in relation to her medical needs following surgery or replace them with alternate interventions.</p> <p>Interdisciplinary Progress Notes dated 11/07/17 at 10:40 PM showed Direct Care Staff documented Client #1 got up from bed stating she was having difficulty breathing. At 10:55 PM the Registered Nurse (RN) documented, "Client stated laying down she had difficulty breathing ..." and, "Client appeared to have slightly elevated respirations on first seeing her." There was no documentation 911 was called or that the facility Physician was</p>	W 149			

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W 149	<p>Continued From page 3 called.</p> <p>Record review of Client #1's After Visit Summary from the hospital dated [REDACTED]/17 showed instructions to call the doctor for increasing shortness of breath and/or chest heaviness at rest, and to seek immediate medical care for difficulty breathing. These instructions were not incorporated into a comprehensive plan of care in relation to her medical needs following surgery or replaced with alternate interventions.</p> <p>Record review of Client #1's Attendant Counselor Nursing and Treatment Orders for November 2017 showed there were no instructions for staff to monitor or report potential symptoms of [REDACTED].</p> <p>Record review of Client #1's Interdisciplinary Progress Notes dated 11/03/17 at 4:00 PM included an entry from Staff A that showed Client #1, "seems to be doing well", and noted medication changes, "as recommended by surgeon." No additional orders or interventions were identified in the physician note for staff to monitor for potential post-operative complications.</p> <p>During an interview on 03/01/18 at 12:00 PM, Staff B, Physician, stated that the facility did not have a policy for developing medical care plans for Clients returning to the facility following medical care in the community, and for considering/processing recommendations from community providers.</p> <p>During an interview on 03/02/18 at 12:15 PM, Staff A stated that the pre-operative information and the hospital After Care Summary received</p>	W 149			

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W 149	Continued From page 4	W 149			
W 320	<p>from the surgeon were recommendations and each physician at the facility would write orders based on their own preference. She stated that she was not aware of a policy regarding medical plans of care at the facility.</p> <p>PHYSICIAN SERVICES CFR(s): 483.460(a)(2)</p> <p>The physician must develop, in coordination with licensed nursing personnel, a medical care plan of treatment for a client if the physician determines that an individual client requires 24-hour licensed nursing care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an appropriate medical care plan was developed after surgery for one of one Sample Clients (Client #1). This failure placed Client #1 at an increased risk of harm and may have potentially contributed to her death.</p> <p>Findings included:</p> <p>Review of Client #1's file showed she returned to the facility after she had elective [REDACTED] surgery for a bunion on [REDACTED]/17.</p> <p>Record review of the facility 5-Day Investigation showed [REDACTED] as the cause of death for Client #1 on [REDACTED]/17.</p> <p>Review of Client #1's death certificate showed that the cause of death was [REDACTED] on [REDACTED]/17.</p> <p>Review of Client #1's file showed there was no</p>	W 320			

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W 320	<p>Continued From page 5</p> <p>comprehensive, coordinated medical care plan developed between the physician, the nurses, and direct care staff for her care upon returning to the facility following surgery.</p> <p>Review of the community providers file for Client #1, located at the facility's Resident Information Services, showed a prescription from the surgeon (dated 10/09/17) for a [REDACTED] (a common mobility device used after [REDACTED] surgery), pre-operative instructions, a consent to operate, surgical risks and complications, post-operative instructions, information on deep vein thrombosis (blood clot) and pulmonary embolism (blood clot in the lung). The packet of information had been reviewed and signed by Staff B, Physician, on 10/12/17.</p> <p>Record review of the hospital After Visit Summary for Client #1 dated [REDACTED]/17 (date of the [REDACTED] surgery) showed instructions for Client #1 that included directions to seek immediate medical care for difficulty breathing.</p> <p>Record review of Interdisciplinary Progress Notes dated [REDACTED]/17-[REDACTED]/17 showed Client #1 was assessed for difficulty breathing on [REDACTED]/17 by a nurse without being assessed emergently by a physician.</p> <p>Record review of Client #1's Attendant Counselor Nurse and Treatment Order for [REDACTED] 2017 showed there were no instructions for staff to monitor for or report difficulty breathing.</p> <p>During an interview on 03/02/18 at 9:49 AM with Staff C, Registered Nurse (RN), and Staff D, RN, it was stated that the doctor sees the packet of</p>	W 320			

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W 320	Continued From page 6 information then writes orders for nursing to follow. It was also stated that the facility does not have basic plans of care and each nurse does their own plan of care.	W 320			